Minutes
Drug Utilization Review Board Meeting
Date: March 10, 2010

Meeting Purpose: Quarterly Open Board Meeting
Meeting opened at 6:00PM by Chair, Andrew Balder.

Agenda Items:

I. Welcome and Introductory Remarks
II. Acceptance of December 2009 DUR Board Minutes
III. Lidoderm Quality Assurance Analysis
IV. PPI Duration of Therapy Initiative
V. Zyvox QA Quality Assurance Analysis
VI. Short Term Medication Supply Initiative
VII. Intuniv Speaker
VIII. MassHealth Drug List
IX. DUR Operational Update
X. MassHealth Update Dr. Paul Jeffrey

Agenda Item	Discussion	Conclusions/Follow Up
Review of Minutes		**Follow Up**
Action	A motion to accept the December 2009 DUR Board Minutes was made and seconded.	**Conclusion**s: The minutes were approved as written.

Agenda Item	Discussion	Conclusions/Follow Up
Lidoderm Quality Assurance Analysis	An overview of background information regarding Lidocaine patch use was given. A review of recent utilization and cost data for MassHealth members was discussed. The current MassHealth Lidoderm guideline was reviewed and recommendations for evaluation of future requests were discussed. Safety issues and side effects were also discussed. It was noted that cutting patches is allowed when appropriate and the use of heating pads over patches is not recommended.	**Conclusion** Lidoderm is FDA approved for the treatment of post herpetic neuralgia however there is minimal usage for this indication by MassHealth members. Prior authorization requests were appropriately approved and denied, however a subset of requests were reviewed for diagnosis of neuropathic pain when this pain etiology was not definitive.
Action	It was recommended that no changes be made in the current criteria. However, guideline appendices will be updated to address Lidoderm use in off label indications and situations where the diagnosis is not clearly neuropathic pain. It was also recommended to continue to explore first fill limits due to the high number of members who did not have consistent medication fills.	**Follow Up** A follow up retrospective QA within 6 months to 1 year was recommended to determine the effect on utilization and determine whether further changes to the appendix are necessary.

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Proton Pump Inhibitor Therapy Initiative- Part 2.	Chronic PPI therapy is often used for an unapproved duration in the treatment of GERD, gastric ulcer, and active duodenal ulcers. PPI therapy is also used for the treatment of Zollinger-Ellison syndrome, Barrett's esophagus, maintenance of healing erosive esophogitis and other hypersecretory conditions. Long term proton pump inhibitor therapy was reviewed noting potential risks associated with long term acid suppression. Other insurers with PPI duration of therapy and quantity limits were highlighted. Current PPI utilization data in MassHealth members was analyzed and estimated cost savings expected with therapy limitations was presented. It was noted that MassHealth coverage does include over the counter drugs (i.e.H2 receptors). A discussion about patients who use PPIs for prophylaxis took place. It was noted that many infants are on PPI therapy. Any changes in this therapy will take place in stages and, children < 18 years of age, will be excluded.	**Conclusion** Limiting the duration of PPI therapy to 90 days/year and placing a quantity limit of 1 unit/day on all PPI therapy (excluding children < 18 years) would yield an estimated cost savings between 2.5 and 4.5 M a year.

Action	Proposed next steps include updating guidelines to reflect proposed changes, develop notification strategies for providers, create point of service message to alert pharmacists of therapy limits, and develop POS rules for Zollinger Ellison and Barrett's Esophagus.	**Follow Up** An estimation of the Prior Authorization workload must be presented and evaluated.

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Zyvox	Zyvox ® (linezolid) treats MRSA and VRE. It is the only FDA approved oral agent for the treatment of VRE. Infections in Cystic Fibrosis (CF) patients within the airways are often treated with this medication. Utilization data from December1, 2008 to November 30, 2009 was reviewed. There were spikes in utilization in Spring and Summer. Twenty random approvals and 10 denials were reviewed for appropriate therapy. Utilization management strategies for Zyvox among six other Medicaid programs were reviewed. The purpose of the PA is to encourage appropriate utilization and encourage the use of less costly alternatives.	**Conclusion** It was recommended that Zyvox should remain on the MH drug list requiring a PA. An addendum should be added to the guideline concerning infections that cannot be cultured and an addition to the current appendix should be added addressing patients that are at high risk for either antibiotic resistance or MRSA colonization (including CF patients). As with all MassHealth medications, patients with chronic CF can receive a 3 day emergency fill.
Action	An addendum shall be added to the guideline concerning infections that cannot be cultured and an addition to the current appendix shall be added addressing patients that are at high risk for either antibiotic resistance or MRSA colonization (including CF patients).	**Follow Up**

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Short Term Medication Supply Initiative	The purpose of the initiative was to identify chronic medication classes where a high incidence of non compliance due to onetime medication fills with no subsequent refills exist. Medication classes known to have a high rate of such noncompliance include anti-retrovirals, anti-neoplastics, urinary antispasmodics and leukotriene modifiers. An outline of drug utilization data between May 1 and October 31, 2009 was reviewed. Medicaid programs with similar limitations were also reviewed. Leukotriene modifiers were selected as the first therapeutic class for this initiative due to large numbers of members with onetime fills, little seasonal variability and continued abandonment at multiple time periods. There is a potential for significant cost savings within this drug class. Antidepressant and antipsychotic classes may be good candidates for this initiative since many drugs in this class demonstrate similar incidences of noncompliance. Discussions on Singulair and the possibility of prescription splitting ensued. Dr. Jeffrey also noted that MassHealth does not support the primary use of Singulair for allergies.	**Conclusion** The lack of adherence to medications is a known problem. Reasons include medication costs, lack of belief in therapy, asymptomatic disease states and side effects of therapy. There is a true economic impact of medication waste that may be as high as 2.3% of total costs.
Action	Considerations and next steps: • MassHealth Pharmacy Regulation 130 CMR 406.411 (e) prohibits prescription splitting and will require modification • Notification to providers regarding affected drugs/classes • Messaging to pharmacies detailing initial fill requirements • Copayment waive for any member with 30 day fill immediately following initial supply	**Follow Up**

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Intuniv Speaker	The speaker voiced the benefits of long acting Intuniv and asked the Board to consider making it easier to access; perhaps in the form of a coupon. Unlike short acting doses the speaker suggested fewer side effects (i.e. sedation or impairment of cognitive effects) with a long acting product. Another concern for the short acting formulation was frequent dosing that may be problematic in school settings affecting patient privacy It was noted that short acting stimulants tend to have more side effects in those with Autism, tic disorders and Tourette Syndrome.	**Conclusion** The speaker's comments will be taken under advisement.
Action		**Follow Up**

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MassHealth Drug List Updates	An overview of recent changes to the MassHealth Drug list was presented.	**Conclusion**
Action	New additions effective March 1, 2010 include Fanapt, Invega Sustenna, Saphris and Zenpep. MassHealth drug list changes in PA status effective March 1, 2010 include a change for Invega. Quantity limits have been increased for Sonata and Methylin. Zyprexa IM will no longer require PA. MassHealth drug list changes in PA status effective April 1, 2010 include Freestyle, Freestyle Light and Precision Xtra Brand blood glucose testing reagent strips used for the management of diabetes with PA> 100 units/month. All other brands of blood glucose testing reagent strips used for the management of diabetes will require prior authorization for all quantities. 15 new additions will be added to the drug list effective May 3, 2010. 11 drugs will have changes in prior authorization status effective May 17, 2010 and Angeliq and Femtrace will no longer require PA effective May 3, 2010. Folotyn (pralatrexate) was previously restricted to inpatient hospital use. MassHealth will now pay for this drug to be dispensed through the retail pharmacy or physician's office.	**Follow Up** Changes to the MassHealth Drug List will be communicated on a regular basis as needed.

	Therapeutic class tables will be added to the MassHealth Drug List with evaluation criteria and cost data on May 3, 2010. Table 15-Hypnotics (cost data) Table 43-Topical Antibiotics (cost data) Table 48-Pulmonary Antihypertensive Agents (cost data and criteria) Pegylated Interferon will have a new prior authorization form added to the drug list effective May 3, 2010.	

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MassHealth Drug Utilization Review Operational Overview	Prior authorizations between January 2009 and January 2010 remained consistent at approximately 7,000 per month. DUR receives approximately 8,000 calls per month. For calendar 2009 DUR received approximately 100,000 calls with a 1.5 % abandonment rate. Appeals between January 2009 and January 2010 included a peak in May, 2009 with 35 appeals reported and a trough of 6 appeals in July, 2009.	**Conclusion** Overall the DUR data remains consistent.
Action		**Follow Up** DUR PA requests, call volume, call statistics and appeals is continually monitored.

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MassHealth Update	There have been several initiatives keeping MassHealth busy. One inititiative has been focused around antipsychotics. MassHealth has been working with Department of Mental Health clinicians to guide this approach. A letter writing campaign has helped bring antipsychotic volume down slightly but no cost savings have been realized due to increased drug prices. The DMH Psychopharmacology Workgroup will continue to work with MassHealth and DUR to address this issue. A second initiative involves diabetic test strips. Preferred test strips were identified and numerous qualified bids were submitted. Abbott was chosen as the provider with an implementation date of April 1, 2010. An intensive state wide campaign is being planned by Abbott. MassHealth members, prescribers and pharmacies will be targeted. Negotiations with the next generation POPS III, have been taking place with a July 1, 2010 date of implementation. ACS, the chosen vendor, will offer claims processing capabilities and we'll be adding some new features to the system. The fiscal 2011 MassHealth budget will be very challenging. The spending trends for FY10 are already above what was expected. There will be very difficult decisions to be made in FY11. A project designed to capture rebate revenue from drugs paid by the Medicaid Managed Care Plans is in process. On July 1, 2010 MassHealth will be integrating pharmacy benefits into the MassHealth Pharmacy Program. This new project will add 430,000 active members to the current 800,000 MassHealth members.	**Conclusion** Dr. Jeffrey will continue to provide updates on all MassHealth related issues. We will be actively engaging the MCO Pharmacy Integration Project on April 1, 2010.
Action	Open communication, including educational materials, will be provided regarding the diabetic test strip initiative. Meters will be provided free of charge by the manufacturer.	**Follow Up**

Meeting adjourned at 7:47 PM.

Respectfully submitted by: Vincent Palumbo, Director of DUR Date: _____